

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9397**  
Registrar's No. **2880**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **City Hospital, #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Mo. 18 Days**  
**17 yrs** (Specify whether years, months or days)  
In this community

3. (a) PRINT FULL NAME **Eva Wilcox**

8. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **George** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **May 14, 1881**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **10** Days **13** If less than one day hr. min.

9. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **James P. Lambert**  
13. Birthplace **Harrisburg, W. Va.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Rebecca S. Cudker**  
15. Birthplace **Kansas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Cudker**  
(b) Address **2109 Utah St**  
**Burial** (c) Date thereof **3/30/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concordia Cem.**

18. (a) Signature of funeral director **R. M. McLaughlin**  
(b) Address **2301 Lafayette Ave**

19. (a) **MAR 28 1940** (b) **J. B. Bickel**  
(Received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **1736 B. No 9th St**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **27**, year **1940** hour **9:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **February 8**, 19 **40** to **March 27**, 19 **40**;  
that I last saw **her** alive on **March 27**, 19 **40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **pulmonary tuberculosis**

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work (e) Means of injury

23. Signature **James Freedman M.D.** (M. D. or other)

Address **1515 Lafayette** Date signed **3/27/40**

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*L. R. Dwyer*

Licensed Embalmer No.

*3633*

P. O. Address

*2317 Lafayette*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**